

<b>Case Number:</b>	CM15-0043270		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	11/25/2013
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 43 year old male, who sustained an industrial injury on 11/25/2013. Initial complaints reported included pain in the neck, left shoulder, left elbow, left hand/wrist, and low back after being struck by a vehicle. The initial diagnoses were not found in the clinical notes provided. Treatment to date has included conservative care, medications, physical therapy, acupuncture, chiropractic manipulation, shockwave therapy, neurostimulation therapy, radiographic and MRI imaging of the cervical and lumbar spines, left shoulder, left elbow and left wrist/hand, electrodiagnostic testing of the bilateral upper and lower extremities. Currently, the injured worker complains of constant aching pain and stiffness in the neck with occasional shooting and sharp pain that radiated to the upper extremities, episodes of numbness, tingling and cramping in the upper extremities, frequent headaches, constant pain in the low and mid back with the low back being worse, and radiation of back pain into the left lower extremity. Current diagnoses include cervical spine strain/sprain, cervical spine pain, cervical spine herniated nucleus pulposus, cervical radiculopathy, left shoulder strain/sprain, left shoulder tendonitis, left shoulder bursitis, left shoulder AC arthrosis, left elbow strain/sprain, left wrist strain/sprain, left wrist TFCC tear, left wrist carpal tunnel syndrome, and lumbar spine pain as well as other diagnoses related to the lumbar spine. The treatment plan consist of additional physical therapy and acupuncture, continued home exercises, continued medications, MRIs of the cervical spine, left shoulder, left elbow, left wrist and lumbar spine, and follow up.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI of the left elbow without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic) Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, MRI.

**Decision rationale:** The most recent progress note is an orthopedic note dated January 19, 2015. This note does not contain any subjective complaints of elbow pain nor are there any abnormal physical examination findings related to the elbow. Without justification to pursue an MRI the left elbow this request is not medically necessary.